

IN PARAGRAPH (C)(4) OF THIS RULE; AND

- (h) IN THE EVENT THAT THE ASSESSMENT REVEALS EVIDENCE THAT NOT ALL OF THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE ARE MET, INCLUDE THE PREPARATION OF A WRITTEN REPORT OF THE FINDINGS OF THE FACE-TO-FACE VISIT. IN SUCH CASES, STAFF OF ODHS OR ITS DESIGNEE WHO ARE FAMILIAR WITH THE NF-TBI SERVICES PROGRAM REQUIREMENTS, OTHER THAN THE NURSE WHO CONDUCTED THE FACE-TO-FACE VISIT, SHALL MAKE A FINAL ELIGIBILITY DETERMINATION BASED UPON ALL OF THE AVAILABLE MATERIALS.
- (4) ELIGIBILITY CRITERIA. IN ORDER TO RECEIVE PRIOR AUTHORIZATION FOR MEDICAID PAYMENT OF NF-TBI SERVICES, ALL OF THE FOLLOWING CRITERIA MUST BE MET:
 - (a) THE REQUESTED SERVICES MUST BE PROVIDED IN A MEDICAID-CERTIFIED NF THAT HAS A "NF-TBI SERVICES PROVIDER AGREEMENT" (FORM ODHS 3634) IN EFFECT WITH THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS);
 - (b) THE SERVICES OR COMBINATION OF SERVICES REQUIRED TO MEET THE NEEDS OF THE INDIVIDUAL MUST DIFFER FROM THOSE GENERALLY AVAILABLE IN NFS IN THAT THE AREAS OF COGNITIVE RETRAINING AND NEUROBEHAVIORAL REHABILITATION UTILIZE EXTENSIVE, FORMAL INTERVENTIONS THAT ARE PLANNED AND COORDINATED BY AN INTERDISCIPLINARY TEAM COMPRISED OF PROFESSIONAL STAFF WHO ARE SPECIALISTS IN TBI AND IN THAT THE INTENSITY OF REHABILITATIVE CARE TO BE PROVIDED IS BEYOND THE LEVEL PAYABLE UNDER THE PAYMENT SYSTEM FOR THE RUG-III CATEGORIES SPECIFIED IN RULE 5101:3-3-41 OF THE ADMINISTRATIVE CODE. THE THERAPEUTIC AND TRAINING SERVICES TO BE AUTHORIZED ORDINARILY WOULD OCCUPY MOST OF THE DAY, WITH AT LEAST THREE HOURS PER DAY DURING A FIVE-DAY WEEK SPENT IN OCCUPATIONAL THERAPY, PHYSICAL THERAPY, PSYCHOLOGICAL, NEUROPSYCHOLOGICAL, AND/OR SPEECH-LANGUAGE PATHOLOGY SERVICES, IN ADDITION TO PHYSICIAN AND

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NURSING SERVICES. THE INDIVIDUAL'S PROGRAM PLAN MUST INCLUDE COGNITIVE RETRAINING, AS DEFINED IN PARAGRAPH (B)(2) OF THIS RULE AND/OR NEUROBEHAVIORAL REHABILITATION AS DEFINED IN PARAGRAPH (B)(6) OF THIS RULE. THE INDIVIDUAL'S PROGRAM PLAN MUST INCLUDE INTERVENTION STRATEGIES FOR THE TWENTY-FOUR-HOUR A DAY, SEVEN DAY A WEEK REINFORCEMENT OF THE COGNITIVE RETRAINING AND/OR NEUROBEHAVIORAL REHABILITATION PROGRAMS DEVELOPED FOR THE INDIVIDUAL.

(c) THE INDIVIDUAL WHO WILL RECEIVE THE SERVICES MUST:

(i) HAVE BEEN DETERMINED BY THE COUNTY DEPARTMENT OF HUMAN SERVICES (CDHS) TO MEET THE MEDICAID FINANCIAL ELIGIBILITY STANDARDS FOR INSTITUTIONAL CARE;

(ii) IF PAS WAS REQUIRED, HAVE RECEIVED ONE OF THE FOLLOWING DETERMINATIONS IN ACCORDANCE WITH RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE:

(a) THAT THE INDIVIDUAL DOES NOT HAVE INDICATIONS OF EITHER SERIOUS MENTAL ILLNESS, OR MENTAL RETARDATION OR OTHER DEVELOPMENTAL DISABILITIES AND WAS NOT SUBJECT TO FURTHER PAS REVIEW; OR, IF THE INDIVIDUAL WAS SUBJECT TO FURTHER REVIEW,

(b) THAT THE INDIVIDUAL NEEDS THE LEVEL OF SERVICES PROVIDED BY A NE;

(iii) HAVE A TBI AS DEFINED IN PARAGRAPH (B)(13) OF THIS RULE;

(iv) BE PHYSICALLY ABLE TO PARTICIPATE IN AN INTENSIVE REHABILITATIVE PROGRAM SUCH AS THAT DESCRIBED IN PARAGRAPH (C)(4)(b) OF THIS RULE;

(v) MEASURE AT LEAST "4" ON THE "RANCHO LOS AMIGOS HOSPITAL LEVELS OF COGNITION FUNCTIONING SCALE"

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(SEE APPENDIX A OF THIS RULE);

- (vi) EXHIBIT DOCUMENTED SEVERE MALADAPTIVE BEHAVIORS WHICH HAVE PREVENTED THE INDIVIDUAL FROM SUCCESSFULLY PARTICIPATING IN REHABILITATION SERVICES IN THE ABSENCE OF AN INTENSIVE, SPECIALIZED, FORMAL COGNITIVE RETRAINING OR NEUROBEHAVIORAL REHABILITATION PROGRAM;
 - (vii) PROVIDE WRITTEN CERTIFICATION BY A PHYSICIAN THAT A SPECIALIZED REHABILITATIVE PROGRAM SUCH AS THAT SET FORTH IN PARAGRAPH (C)(4)(b) OF THIS RULE IS LIKELY TO RESULT IN MEASURABLE PROGRESS;
 - (viii) PROVIDE EVIDENCE OF A PRELIMINARY PLAN FOR POST-DISCHARGE PLACEMENT AND SERVICES. SUCH EVIDENCE MUST INCLUDE BUT IS NOT LIMITED TO A LIST OF POSSIBLE SERVICE OPTIONS, ASSURANCES FROM RESIDENTIAL FACILITIES THAT THE INDIVIDUAL WOULD BE ELIGIBLE FOR ADMISSION, OR ASSURANCES FROM OTHER RESOURCES SUCH AS FAMILY MEMBERS THAT THE INDIVIDUAL COULD LIVE WITH THEM, ONCE THE SEVERE MALADAPTIVE BEHAVIORS HAVE BEEN REMEDIED.
- (5) INITIAL LENGTH OF STAY. AT THE CONCLUSION OF THE ASSESSMENT, OR AT SUCH TIME AS THE INITIAL APPLICATION REQUIREMENTS HAVE BEEN MET, INDIVIDUALS WHO ARE DETERMINED TO HAVE MET THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE MAY BE APPROVED FOR AN INITIAL STAY OF UP TO A MAXIMUM OF NINETY DAYS. THE NUMBER OF DAYS THAT IS PRIOR AUTHORIZED FOR EACH ELIGIBLE INDIVIDUAL SHALL BE BASED UPON THE SUBMITTED APPLICATION MATERIALS, CONSULTATION WITH THE INDIVIDUAL'S ATTENDING PHYSICIAN, AND/OR ANY ADDITIONAL CONSULTATIONS OR MATERIALS REQUIRED BY THE ASSESSOR TO MAKE A REASONABLE ESTIMATION REGARDING THE INDIVIDUAL'S PROBABLE LENGTH OF STAY IN THE NE-TBI UNIT.

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- (D) AUTHORIZATION FOR CONTINUED STAYS. PLACEMENTS IN FACILITIES HOLDING "NF-TBI SERVICES PROVIDER AGREEMENTS" ARE NOT INTENDED TO BE PERMANENT. THE INDIVIDUAL IS EXPECTED TO BE DISCHARGED TO THE SETTING SPECIFIED IN THE INDIVIDUAL'S DISCHARGE PLAN AT THE END OF THE PRIOR AUTHORIZED STAY, AND PROGRESS TOWARD THAT END SHALL BE MONITORED BY ODHS OR ITS DESIGNEE THROUGHOUT THE INDIVIDUAL'S NF-TBI UNIT STAY. HOWEVER, IN THE EVENT THAT IT IS NOT POSSIBLE TO IMPLEMENT THE INDIVIDUAL'S DISCHARGE PLAN, COVERAGE OF NF-TBI SERVICES MAY BE EXTENDED BEYOND THE PREVIOUSLY APPROVED LENGTH OF STAY VIA THE SUBMISSION TO ODHS OR ITS DESIGNEE OF A WRITTEN REQUEST FOR THE CONTINUATION OF NF-TBI SERVICES BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE. UNLESS THERE IS A SIGNIFICANT CHANGE OF CIRCUMSTANCES WITHIN THE WEEK PRECEDING THE EXPECTED DISCHARGE DATE WHICH PREVENTS IMPLEMENTATION OF THE DISCHARGE PLAN, SUCH REQUESTS MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE LAST DAY OF THE PREVIOUSLY AUTHORIZED STAY.
- (1) CONTINUED STAY DETERMINATIONS SHALL BE BASED ON EITHER MONTHLY REPORTS FROM THE FACILITY REGARDING CRITICAL EVENTS AND THE STATUS OF THE INDIVIDUAL'S MEDICAL CONDITION, OR ON FACE-TO-FACE ASSESSMENTS. CONTINUED STAY REVIEWS MUST MEET THE ASSESSMENT REQUIREMENTS SET FORTH IN PARAGRAPHS (C)(3)(a), (C)(3)(b)(iii), (C)(3)(e), AND (C)(3)(f) TO (C)(3)(h) OF THIS RULE.
- (2) CONTINUED STAYS MAY BE APPROVED FOR MAXIMUM INCREMENTS OF SIXTY DAYS WHEN ODHS OR ITS DESIGNEE DETERMINES THAT THE INDIVIDUAL CONTINUES TO MEET THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPHS (C)(4)(c)(iii) TO (C)(4)(c)(vi) OF THIS RULE AND THAT THE MONTHLY REPORTS FROM THE FACILITY DOCUMENT THAT MEASURABLE PROGRESS TOWARD SPECIFIC GOALS IS BEING MADE AND IS LIKELY TO CONTINUE ONLY IF THE INDIVIDUAL CONTINUES TO RECEIVE NF-TBI SERVICES.
- (E) NOTICE OF DETERMINATION. AT THE CONCLUSION OF EVERY ASSESSMENT, AND AT A TIME NOT LATER THAN THE TIME THE ASSESSMENT IS REQUIRED TO BE PERFORMED ACCORDING TO PARAGRAPH (C)(3)(b) OF THIS RULE, THE DEPARTMENT OR ITS DESIGNEE SHALL ISSUE A DETERMINATION OF THE INDIVIDUAL'S APPROPRIATE LEVEL OF CARE

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AND PROVIDE THE INDIVIDUAL WRITTEN NOTICE OF ALL OF THE DETERMINATIONS MADE, AND THE INDIVIDUAL'S STATE HEARING RIGHTS, IN ACCORDANCE WITH CHAPTER 5101:6-2 OF THE ADMINISTRATIVE CODE. NOTICE SHALL ALSO BE PROVIDED TO THE INDIVIDUAL'S REPRESENTATIVE, IF ANY. IF THE INDIVIDUAL HAS BEEN DETERMINED TO BE ELIGIBLE FOR NE-TBI SERVICES, THE NOTICE SHALL ALSO INCLUDE THE NUMBER OF DAYS FOR WHICH THE NE-TBI PLACEMENT IS AUTHORIZED; THE DATE ON WHICH PAYMENT IS AUTHORIZED TO BEGIN; AND THE NAME, LOCATION, AND PHONE NUMBER OF THE STAFF MEMBER OF ODHS OR ITS DESIGNEE WHO IS ASSIGNED TO MONITOR THE INDIVIDUAL'S PROGRESS IN THE FACILITY, PARTICIPATE IN THE INDIVIDUAL'S INTERDISCIPLINARY TEAM, AND MONITOR IMPLEMENTATION OF THE INDIVIDUAL'S DISCHARGE PLAN. IF NE-TBI SERVICES ARE DENIED, THE NOTICE SHALL ALSO INCLUDE AN EXPLANATION OF THE REASON FOR THE DENIAL. THE NOTICES SHALL BE SENT VIA MAIL OR ELECTRONIC FACSIMILE (FAX) TO THE INDIVIDUAL, THE INDIVIDUAL'S LEGAL GUARDIAN AND/OR REPRESENTATIVE (IF ANY), AND WHERE APPROPRIATE, THE FACILITY.

(F) AUTHORIZATION OF PAYMENT TO AN ELIGIBLE PROVIDER FOR THE PROVISION OF NE-TBI SERVICES SHALL CORRESPOND WITH THE EFFECTIVE DATE OF THE INDIVIDUAL'S LOC DETERMINATION AND NE-TBI ELIGIBILITY DETERMINATION SPECIFIED BY THE ASSESSOR. THIS DATE SHALL BE:

- (1) THE DATE OF ADMISSION TO THE NE-TBI UNIT IF IT IS WITHIN THIRTY DAYS OF THE PHYSICIAN'S SIGNATURE; OR
- (2) A DATE OTHER THAN THAT SPECIFIED IN PARAGRAPH (F)(1) OF THIS RULE. THIS ALTERNATIVE DATE MAY BE AUTHORIZED ONLY UPON RECEIPT OF A LETTER WHICH CONTAINS A CREDIBLE EXPLANATION FOR THE DELAY FROM THE ORIGINATOR OF THE REQUEST FOR THE PRIOR AUTHORIZATION OF NE-TBI SERVICES. IF THE REQUEST IS TO BACKDATE THE LOC AND NE-TBI ELIGIBILITY DETERMINATION MORE THAN THIRTY DAYS FROM THE PHYSICIAN'S SIGNATURE, THE PHYSICIAN MUST VERIFY THE CONTINUING ACCURACY OF THE INFORMATION AND NEED FOR INPATIENT CARE EITHER BY ADDING A STATEMENT TO THAT EFFECT ON THE ODHS 3697 OR ALTERNATIVE APPROVED FORM, OR BY ATTACHING A SEPARATE LETTER OF EXPLANATION; OR
- (3) IF THE INDIVIDUAL WAS REQUIRED TO UNDERGO PAS AND FAILED TO

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DO SO PRIOR TO ADMISSION, THE EFFECTIVE DATE OF THE LOC DETERMINATION AND NF-TBI ELIGIBILITY DETERMINATION SHALL BE THE LATER OF THE DATE OF THE PAS DETERMINATION THAT THE INDIVIDUAL REQUIRED THE LEVEL OF SERVICES AVAILABLE IN A NF, OR THE DATE ESTABLISHED IN PARAGRAPH (F)(2) OF THIS RULE.

(G) PROVIDER ELIGIBILITY. IN ORDER TO OBTAIN A "NF-TBI SERVICES PROVIDER AGREEMENT" AND QUALIFY FOR ENHANCED PAYMENT FOR THE PROVISION OF NF-TBI SERVICES, THE PROVIDER MUST MEET ALL OF THE FOLLOWING REQUIREMENTS:

- (1) BE AN OHIO MEDICAID-CERTIFIED NF;
- (2) MEET THE REQUIREMENTS FOR A "LONG-TERM CARE PROVIDER AGREEMENT FOR NURSING FACILITIES" (QDHS 3623) SET FORTH IN RULE 5101:3-3-02 OF THE ADMINISTRATIVE CODE;
- (3) PROVIDE NF-TBI SERVICES IN A DISTINCT PART UNIT DEDICATED TO THE PROVISION OF OUTLIER SERVICES FOR PERSONS WITH SEVERE MALADAPTIVE BEHAVIORS DUE TO TRAUMATIC BRAIN INJURY;
- (4) OBTAIN AND/OR RETAIN ACCREDITATION AS A BRAIN INJURY MEDICAL INPATIENT PROGRAM FROM THE "COMMISSION ON THE ACCREDITATION OF REHABILITATION FACILITIES" (CARE) FOR A DISTINCT PART TBI UNIT. THE FACILITY SHALL PROVIDE THE DEPARTMENT WITH COPIES OF ANY COMMUNICATION REGARDING ACCREDITATION FROM AND TO THE COMMISSION IMMEDIATELY FOLLOWING RECEIPT OR SUBMITTAL. IF THE PROVIDER DOES NOT HAVE CURRENT ACCREDITATION FROM CARE ON THE EFFECTIVE DATE OF THE "NF-TBI SERVICES PROVIDER AGREEMENT", THE PROVIDER MUST BE ELIGIBLE FOR ACCREDITATION PENDING A SITE SURVEY AND EXPECT ACCREDITATION NO LATER THAN SIX MONTHS FOLLOWING THE EFFECTIVE DATE OF THE "NF-TBI SERVICES PROVIDER AGREEMENT."
- (5) THE FACILITY MUST AGREE TO PROVIDE THE FOLLOWING, WITH THE EXCEPTION OF ANY SPECIFIC ITEMS THAT ARE DIRECT BILLED IN ACCORDANCE WITH RULE 5101:3-3-19 OF THE ADMINISTRATIVE CODE, AS NEEDED, TO INDIVIDUALS WHO RECEIVE PRIOR AUTHORIZATION FROM QDHS OR ITS DESIGNEE FOR THE RECEIPT OF

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NF-TBI SERVICES:

- (a) TWENTY-FOUR-HOUR SKILLED NURSING CARE AND SUCH PERSONAL CARE AS MAY BE REQUIRED FOR THE HEALTH, SAFETY, AND WELL-BEING OF THE INDIVIDUAL;
- (b) DIETARY SUPPLEMENTS USED FOR ORAL FEEDING, EVEN IF WRITTEN AS A PRESCRIPTION ITEM BY A PHYSICIAN;
- (c) SERIAL CASTING AND SPLINTING DELIVERED BY LICENSED PERSONNEL;
- (d) ORTHOTIC SERVICES DELIVERED BY LICENSED PERSONNEL;
- (e) OBTAIN AND IMMEDIATELY SUBMIT COPIES TO ODHS OR ITS DESIGNEE UPON RECEIPT OF, THE REPORTS REGARDING INITIAL INPATIENT CONSULTATION SERVICES BY PROFESSIONALS OF THE FOLLOWING SPECIALTIES, IF ORDERED BY A PHYSICIAN:
 - (i) AUDIOLOGY;
 - (ii) NEUROPSYCHOLOGY;
 - (iii) OPTOMETRY;
 - (iv) DERMATOLOGY;
 - (v) GASTROENTEROLOGY;
 - (vi) GENERAL SURGERY;
 - (vii) GYNECOLOGY;
 - (viii) INTERNAL MEDICINE;
 - (ix) NEUROLOGY;
 - (x) NEUROPSYCHIATRY;
 - (xi) NEUROSURGERY;

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- (xii) OPHTHAMOLOGY;
- (xiii) ORTHOPEDICS;
- (xiv) OTORHINOLARYNGOLOGY;
- (xv) PEDIATRICS;
- (xvi) PHYSICAL MEDICINE AND REHABILITATION;
- (xvii) PLASTIC SURGERY;
- (xviii) PODIATRY;
- (xix) UROLOGY;
- (f) THERAPEUTIC, AND TRAINING SERVICES CONSISTENT WITH THE INDIVIDUAL PROGRAM PLAN THAT ORDINARILY WOULD OCCUPY MOST OF THE DAY, WITH AT LEAST THREE HOURS PER DAY DURING A FIVE-DAY WEEK FROM OCCUPATIONAL THERAPY, PHYSICAL THERAPY, PSYCHOLOGY/NEUROPSYCHOLOGY, AND/OR SPEECH-LANGUAGE PATHOLOGY, AS WELL AS INTERVENTIONS FOR THE TWENTY-FOUR-HOUR A DAY, SEVEN-DAY A WEEK REINFORCEMENT OF THE COGNITIVE RETRAINING AND/OR NEUROBEHAVIORAL REHABILITATION PROGRAMS DEVELOPED FOR THE INDIVIDUAL TO EFFECT A CHANGE IN BEHAVIOR, IN ADDITION TO THE OTHER SERVICES DELIVERED BY PHYSICIANS AND NURSES.
 - (i) PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AUDIOLOGY, RESPIRATORY THERAPY, AND PSYCHOSOCIAL SERVICES OR SOCIAL WORK SERVICES MUST BE PROVIDED DIRECTLY OR SUPERVISED BY PROFESSIONALS WHO ARE LICENSED OR CERTIFIED AS APPROPRIATE, AND THE FACILITY MUST PROVIDE SUPPLIES REQUIRED FOR THE PROVISION OF THESE SERVICES.
 - (ii) AS INDICATED BY THE INDIVIDUAL PROGRAM PLAN

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COGNITIVE RETRAINING AS DEFINED IN PARAGRAPH (B)(2) OF THIS RULE. THE INDIVIDUAL PROGRAM PLAN MUST INDICATE WHICH PROFESSIONALS HAVE RESPONSIBILITY FOR DOCUMENTATION AND EVALUATION OF THE COGNITIVE RETRAINING PROGRAM AND THEIR CORRESPONDING REINFORCEMENT INTERVENTIONS.

- (iii) AS INDICATED BY THE INDIVIDUAL PROGRAM PLAN, NEUROBEHAVIORAL REHABILITATION SERVICES AS DEFINED IN PARAGRAPH (B)(6) OF THIS RULE. THE INDIVIDUAL PROGRAM PLAN MUST INDICATE WHICH PROFESSIONALS HAVE RESPONSIBILITY FOR DOCUMENTATION AND EVALUATION OF THE NEUROBEHAVIORAL REHABILITATION SERVICES AND THEIR CORRESPONDING REINFORCEMENT INTERVENTIONS.
- (6) DEVELOP AND SUBMIT TO QDHS OR ITS DESIGNEE WITHIN FOURTEEN DAYS AFTER ADMISSION, ACCURATE ASSESSMENTS OR REASSESSMENTS BY AN INTERDISCIPLINARY TEAM WHICH ADDRESS THE INDIVIDUAL'S HEALTH, SOCIAL, PSYCHOLOGICAL, EDUCATIONAL, VOCATIONAL, AND CHEMICAL DEPENDENCY NEEDS, TO SUPPLEMENT THE PRELIMINARY EVALUATION CONDUCTED PRIOR TO ADMISSION;
- (7) DEVELOP AND SUBMIT TO QDHS OR ITS DESIGNEE WITHIN FOURTEEN DAYS AFTER ADMISSION, A COMPREHENSIVE, INDIVIDUALIZED PROGRAM PLAN FOR COORDINATED, INTEGRATED SERVICES BY THE INTERDISCIPLINARY TEAM, INCLUDING THE QDHS CASE MANAGER, IN CONJUNCTION WITH THE INDIVIDUAL AND OTHERS CONCERNED WITH THE INDIVIDUAL'S WELFARE. THE PLAN MUST STATE THE SPECIFIC OBJECTIVES NECESSARY TO ADDRESS THE INDIVIDUAL'S NEEDS AS IDENTIFIED BY THE COMPREHENSIVE ASSESSMENT, SPECIFIC TREATMENT MODALITIES, ANTICIPATED TIMEFRAMES FOR THE ACCOMPLISHMENT OF OBJECTIVES, MEASURES TO BE USED TO ASSESS THE EFFECTS OF SERVICES, AND PERSON(S) RESPONSIBLE FOR PLAN IMPLEMENTATION. THE PLAN MUST INCLUDE INTERVENTION STRATEGIES FOR THE TWENTY-FOUR-HOUR A DAY, SEVEN-DAY A WEEK REINFORCEMENT OF THE COGNITIVE

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RETRAINING AND/OR NEUROBEHAVIORAL REHABILITATION PROGRAMS DEVELOPED FOR THE INDIVIDUAL IN ORDER TO EFFECT A CHANGE IN BEHAVIOR. THE PLAN SHALL BE REVIEWED BY THE APPROPRIATE PROGRAM STAFF AT LEAST MONTHLY, REVISED AS NECESSARY, AND WHEN REVISIONS ARE MADE, SUBMITTED TO QDHS OR ITS DESIGNEE BY ELECTRONIC FACSIMILE (FAX) WITHIN THREE WORKING DAYS FOLLOWING THE REVISION;

- (8) DEVELOP AND SUBMIT TO QDHS OR ITS DESIGNEE WITHIN FOURTEEN DAYS AFTER ADMISSION, A WRITTEN DISCHARGE PLANNING EVALUATION DEVELOPED BY THE INTERDISCIPLINARY TEAM, INCLUDING THE QDHS CASE MANAGER, IN CONJUNCTION WITH THE INDIVIDUAL AND OTHERS CONCERNED WITH THE INDIVIDUAL'S WELFARE; INCLUDING RECOMMENDATIONS FOR ANY COUNSELING AND TRAINING OF THE INDIVIDUAL AND FAMILY MEMBERS OR INTERESTED PERSONS TO PREPARE THEM FOR POST-DISCHARGE CARE, AN EVALUATION OF THE LIKELY NEED FOR APPROPRIATE POST-DISCHARGE SERVICES, THE AVAILABILITY OF THOSE SERVICES, THE PROVIDERS OF THOSE SERVICES, THE PAYMENT SOURCE FOR EACH SERVICE, AND DATES ON WHICH NOTIFICATION OF THE INDIVIDUAL'S NEEDS AND ANTICIPATED TIMEFRAMES WAS OR WOULD BE MADE TO THE PROVIDERS OF THOSE SERVICES;
- (9) WHEN PERIODIC REASSESSMENTS OF THE DISCHARGE PLAN INDICATE THAT THE INDIVIDUAL'S DISCHARGE NEEDS HAVE CHANGED, THE FACILITY SHALL FAX THE RESULTS OF THE REASSESSMENTS AND THE REVISED DISCHARGE PLAN TO QDHS OR ITS DESIGNEE WITHIN THREE WORKING DAYS FOLLOWING THE REVISION;
- (10) THE FACILITY SHALL PREPARE AND PROVIDE TO QDHS OR ITS DESIGNEE A MONTHLY REPORT IN A FORMAT APPROVED BY QDHS THAT SUMMARIZES THE INDIVIDUAL'S PROGRAM PLAN, PROGRESS, CHANGES IN TREATMENT, AND DISCHARGE PLAN, INCLUDING REFERRALS MADE AND ANTICIPATED TIMEFRAMES;
- (11) AGREE TO COOPERATE WITH THE QDHS OVERSIGHT FUNCTION, NOTIFY QDHS OR ITS DESIGNEE AT LEAST ONE WEEK IN ADVANCE OF EACH TEAM MEETING, AND PROVIDE QDHS OR ITS DESIGNEE WITH MINUTES OF THOSE MEETINGS UPON REQUEST;

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